

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-046964

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 213

FILED DEC 31 1963

1. PLACE OF DEATH

a. COUNTY

Bates

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Butler

Length of stay in lb

life

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

309 W. Adams

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Bates

c. CITY
OR
TOWN

Butler

d. STREET
ADDRESS

309 W. Adams

Inside Limits
Yes ☒ No ☐Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Erland

Middle

E.

Last

Campbell

4. DATE
OF
DEATH

Month

Day

Year

December 23, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10-5-1913

9. AGE (last birthday)

50

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Bookkeeper

10b. KIND OF BUSINESS OR INDUSTRY

Fur & Hide Co.

11. BIRTHPLACE (City and state or country)

Butler, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Elmer Campbell

13b. MOTHER'S MAIDEN NAME

Winnie Keeser

14. NAME OF HUSBAND OR WIFE

Maxine Campbell

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

Yes

W.W. 2

16. SOCIAL SECURITY NO.

17. INFORMANT

Maxine Campbell

Butler, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

acute coronary occlusion

INTERVAL BETWEEN
ONSET AND DEATH
15 min.Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b) coronary atherosclerosis

DUE TO (c)

4 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

repeated coronary infarcts and angina pectoris

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY
Hour
a.m.
p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Apr., 1932

to Dec. 23rd, '63

Death occurred at

9:20 P.M. the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

L. S. Laffue, M.D.

22b. ADDRESS 212 N. Main,

Butler, Missouri

22c. DATE SIGNED

12/24/63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

12-26-1963

23c. NAME OF CEMETERY OR CREMATORY

Oakhill Cemetery

23d. LOCATION (City, town, or county)

Butler, Mo.

(State)

24. FUNERAL DIRECTOR

Culver-Underwood

ADDRESS

Butler, Mo.

25. DATE RECD. BY LOCAL REG.

12-26-1963

26. REGISTRAR'S SIGNATURE

Norman Wilson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

1 2071

2 2071

3 2

4 0

5 1

6

7 0

8 2

9 20.1

10

11

12 290-0

13 10

JAN 2 1964

FEB 27 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert S. Steenbach

Licensed Embalmer No. 4657

P. O. Address Butler, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

484-44-4048
Grand record 12-26-43 NVL